



Instructions for Using This Adobe PDF Form for Application for Admission to the Bar upon Examination

This electronic version of the Indiana Bar Exam Application can be completed in one of two ways:

1. Simply print this document and fill it out by hand (discard this page) and proceed according to the Application Instructions found at <http://www.in.gov/judiciary/ble/exam/bar-app-instructions.html>.
2. Use Adobe Acrobat Reader and your keyboard to enter information into the PDF form, then print the document (discard this page) and proceed according to the Application Instructions found at <http://www.in.gov/judiciary/ble/exam/bar-app-instructions.html>.

Completing the Form in Acrobat Reader

It is recommended that you have the Adobe Acrobat Reader version 6 installed on your computer to complete this form electronically. You may download this software FREE by visiting:
<http://www.IN.gov/judiciary/help/downloads/acrobat.html>.

The Bar Exam Application begins on the next page.

1. YOU MAY NOT SAVE YOUR APPLICATION ELECTRONICALLY. Due to limitations in the FREE Adobe Acrobat Reader, you will not be able to save the application with your entries included. For this reason, you should be prepared to fill out the application in its entirety before you begin. However, please note that some fields in the form must be completed by hand.
2. Where you must select what's called a "radio button,"—as in the case of designating "Ms." or "Mr."—you must use your mouse to select the appropriate option (see image at right).
3. Where you must enter text or numbers, you may place the text cursor in the field by placing your mouse cursor over the field and clicking the left mouse button once. You may then advance forward from field to field by pressing the "Tab" button on your keyboard. You may advance backward by holding down the "Shift" button while you press the "Tab" button.
4. When you have completed the application, simply print the form (discard this page) and complete the application process according to the application instructions.

Application for Admission Up

IN THE MATTER OF THE APPLICATION OF

☒ Ms. ☐ Mr.

Radio Buttons

First Middle
(if no middle name)

Remember:

1. All questions must be answered. If the answer to any question is 'no' or 'none' so state. Do not use "N/A" or "not applicable."
2. If space is insufficient for your answer, continue the answer on a separate sheet of paper and attach it to the application.
3. The application will not be accepted as timely filed if all questions are not answered, regardless of whether the application is marked received. Incomplete applications will not be accepted and will be returned.
4. Late filing fees and deadlines apply to any incomplete application that is re-submitted after the regular filing deadline. No applications will be accepted after the late filing deadline.
5. **Do not include this page in your application materials submitted to the Indiana Board of Law Examiners.**

STATE BOARD OF LAW EXAMINERS
Suite 1370, South Tower
115 West Washington Street
Indianapolis IN 46204-3417

CHECK ONE:

First Examination
Re-examination

FOR BOARD USE ONLY

Application No. _____
Fee \$ _____
Receipt No. _____

***Instructions: This application must be filed IN DUPLICATE with the State Board of Law
Examiners. Give complete answers. Do not use "N/A" etc. Do not abbreviate.
If space is insufficient, attach separate sheets. Type or print all entries.
Retain a copy of this application.***

IN THE SUPREME COURT OF INDIANA

Application for Admission Upon Examination to Practice Law

IN THE MATTER OF THE APPLICATION OF

Ms.
Mr.

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="font-size: small; margin-bottom: 5px;">First</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="font-size: small; margin-bottom: 5px;">Middle (if no middle name state NMN)</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="font-size: small; margin-bottom: 5px;">Last</div>
1. Social Security Number	_____ - _____ - _____	Birthdate _____ / _____ / _____
2. Present mailing address: Number and street	_____	City, State _____ Zip Code _____
Home Telephone No. (____) _____ - _____	_____	Work No. (____) _____ - _____
Use above address until	_____	
Permanent mailing address: Number and street	_____	City, State _____ Zip Code _____
Telephone No. (____) _____ - _____	_____	
3. I will receive/received my law school degree (J.D.) on	_____	_____
	Month	Year
From	_____	
	Law School	
4. If I am admitted to the Roll of Attorneys, please send my Admission Order to	_____ County, Indiana. A personal interview in this county	
	must take place at least thirty (30) days prior to examination date. Choose your county	
	carefully considering where you will be at that time.	

5. I was born in _____
City and State

6. Parents:
Father _____
Name

Address

Telephone No. (____)____ - _____

Mother _____
Name

Address

Telephone No. (____)____ - _____

7. Have you ever served in the Armed Forces? Yes No
Branch of Service Dates Served Type of Discharge or Separation*
_____/____/____ - ____/____/____
From To

*(Note: If discharge was other than "honorable," attach discharge documents or photographic copies thereof)

8. In addition to this application, I have filed applications for admission to practice law or to take state law examinations in the following states, INCLUDING INDIANA, on the following dates. If none, so state. If any applications have been denied or dismissed, so state with full explanation. If any bar examinations have been taken, identify the state, the date taken and set out the results. If you are admitted in another jurisdiction, attach a certificate of good standing for each jurisdiction in which you are admitted.

9. Attach reference letters with this application from three references who can advise the Board concerning your moral character and fitness to practice law. (These do not include relatives or schoolmates.) List the names and addresses of these references.

Name	Address	City, State and Zip Code
_____	_____	_____, ____ - ____
_____	_____	_____, ____ - ____
_____	_____	_____, ____ - ____

10. Starting at age 18, I resided at the following places for the following inclusive dates:

Number and Street	City	State	From: (Year)	To: (Year)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Starting at age 18, the following is a complete list of my entire employment history in chronological order. Note: Set out employer, complete address, type of work, inclusive dates and reason for termination.

12. I attended the following high schools and preparatory schools during the periods noted:

Full Name of School	Location	From (Year)	To (Year)
_____	_____	_____	_____
_____	_____	_____	_____

13. I attended the following colleges, universities and law schools.

Full Name of School	Location	From (Month) (Year)	To (Month) (Year)	Degree received or to be received (Month) (Year)
_____	_____	____/____	____/____	____/____
_____	_____	____/____	____/____	____/____
_____	_____	____/____	____/____	____/____
_____	_____	____/____	____/____	____/____
_____	_____	____/____	____/____	____/____

14. The following is a complete report as to every incident in which I have ever been disciplined, expelled or suspended from any college, university or law school or other professional school or profession (to include academic suspension or probation) or have been removed from appointive or elective public office for cause, or have been disciplined, suspended or disbarred as an attorney.

Institution, Profession or Office	Charge	Year	Result
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. The following list includes every state from which I have ever held a license to operate a motor vehicle. Note: Attach copies of current report of driving history/record from Bureau of Motor Vehicles, or similar agency, for each state listed for the last five (5) years.

State	License Held From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. The following is a complete list of each and every civil court case or proceeding in which I have been involved as a party, including but not limited to, bankruptcy, divorce, guardianship and paternity.

Note: (a) Set out date, name of case, court, city and state, nature of proceedings, your status,* and the disposition made. (b) State the date and circumstances of any restraining order issued against you. (c) If a support order has been issued, state whether or not you are current in your payments. (d) If bankruptcy, attach copies of petition, schedules and discharge order.

*Note: plaintiff/defendant/ward/guardian/trustee/petitioner etc.

17. I have been convicted of the following violations of law: (Include all felonies, misdemeanors, infractions, traffic offenses and everything else, but omit parking violations.)

Note: (a) Set out date, name of court, city and state, law enforcement agency involved, charge, sentence and any disposition. (b) Attach copies of all charges, indictments, disposition orders, police reports and court records. Provide complete detailed information. DO NOT just refer to the BMV report.

18. In addition to the convictions set fourth in 17 above, I have been accused of the following violations of law:

Note: (a) Set out date, city and state, name of person who made the accusation against you, the law enforcement agency involved, if any, and disposition. (b) Give specific details of the accusations and a full description of the incident. (c) Attach copies of all documents relating to the charges and disposition thereof, including police reports, charges, indictments, disposition orders and court records.

19. Within the meaning of the term “good moral character” and “fitness” to practice law as set out and defined in Rule 12 of the Admission and Discipline Rules (which I have read and understand), since I became 18 years of age the only incidents in which I have been involved where there was any challenge to my character, honesty and integrity are:

Note: (a) Set out a brief description of each incident, include the date, city and state, other persons involved, and how the matter was resolved. (b) Attach all copies of all documents relating to the incident.

PREAMBLE TO QUESTIONS 20, 21, 22, 23, 24, 25 and 26

Through this application, the State Board of Law Examiners makes inquiry about mental health and addiction matters. The information received is treated confidentially and will be disclosed only to the applicant and those jurisdictions and/or individuals for which the applicant has provided a release. The purpose of our inquiries is to determine the current fitness of an applicant to practice law. The mere fact of treatment for mental health problems or addictions is not, in itself, a basis on which an applicant is ordinarily denied admission.

The State Board of Law Examiners does not, by its questions, seek detailed information of treatment that is fairly characterized as counseling in response to a specific stressful event such as illness, death, or divorce, marriage or family counseling, counseling related to law school stress or work stress or counseling for eating or sleeping disorders. Generally, the State Board of Law Examiners does not consider these types of counseling as germane to the issues of character and fitness and whether an applicant is qualified to practice law. The State Board of Law Examiners encourages applicants who may benefit from treatment to seek it. Such behavior is considered to demonstrate personal responsibility and maturity. Simple identification of such counseling is considered to be an adequate response. However, conditions or incidents which result in criminal charges being filed or police reports being issued or behaviors which are required to be reported in responses to other questions in the application must be disclosed, even if those conditions, incidents or behaviors involve stress, domestic problems, alcoholism, mental health or addiction. If you have any questions regarding disclosures, contact the office of the State Board of Law Examiners.

The State Board of Law Examiners may deny certification to applicants whose ability to function is impaired in a manner relevant to the practice of law or to applicants who fail to carry their burden of proving that they are possessed of good moral character and fitness. The terms “good moral character” and “fitness” and the relevant considerations in the determination of good moral character and fitness are defined and set out in Admission and Discipline Rule 12. This character and fitness inquiry is consistent with the public purpose that underlies the licensing responsibilities assigned to the State Board of Law Examiners by the Indiana Supreme Court.

- | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 20. | Have you ever been addicted to any drug, including alcohol? | Yes | No |
| 21. | Have you been diagnosed with, treated or counseled for, or required to attend a program for substance abuse, including prescription drugs, illegal substances or alcohol? | Yes | No |
| 22. | Have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder? | Yes | No |
| 23. | From the age of 16 years to the present, have you been diagnosed with or treated for any mental, emotional or nervous disorders? | Yes | No |
| 24. | Do you have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect, your ability to practice law in a competent and professional manner? | Yes | No |
| 25. | IF YOUR ANSWER TO QUESTION 24 IS AFFIRMATIVE, are the limitations or impairments caused by your mental health condition or substance abuse problem reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program? | Yes | No |

If you answered “yes” to questions 20, 21, 22, 23, 24 or 25 [complete Form B1](#). Make as many copies of Form B1 as you need to respond to each question and return all copies with your application.

Upon review of the information you provide in Form B1 the State Board of Law Examiners will make a determination whether further information or medical records are needed to fairly assess your good moral character and fitness to practice law in Indiana. If such information or medical records are needed, you will be notified and given an opportunity to respond.

26. Have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous or behavioral disorder or condition as a defense, mitigation, or an explanation for your actions in the course of any administrative or judicial proceeding or investigation, any inquiry or other proceeding, or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority? Yes No

If you answered "yes" furnish a thorough factual explanation below. Include pertinent names, addresses, dates and references to records, as appropriate.

I affirm under the penalties for perjury that the foregoing statements are true and complete.

Signature of Applicant
(Sign in black ink)

____/____/_____
Date

OATH AND ACKNOWLEDGMENT

STATE OF _____

SS:

COUNTY OF _____

Before me, a Notary Public in and for said County and State, this ____ day of _____, 20____, personally appeared _____
Name of Applicant

and he or she, in my presence did upon his or her oath execute the foregoing Application and did at that time acknowledge upon his or her oath to me that each and every statement made therein is true and complete.

My Commission Expires: _____
Notary Public

Affix Seal or Stamp

FORM B1

Name _____
First Middle Last Social Security Number

Date of Treatment From (Month/Year) ____/____ To (Month/Year) ____/____

Name of attending physician _____

Physician's current address _____

City _____ State _____ Zip Code _____

Name of hospital or institution _____

Address _____

City _____ State _____ Zip Code _____

Telephone (____) ____ - ____

Describe the condition, impairment, diagnosis, treatment and/or monitoring program:

Include dates, location of the hospital, outpatient clinic, or institution, type of problem, and name and address of the attending physician, hospital or institution, diagnosis and treatment.

AGREEMENT, RELEASE AND AUTHORIZATION

As a condition of this Application, I agree to submit to the Board of Law Examiners any documentary or other evidence it may request in further explanation of any event occurring in my past life as to which I have within this Application made reference. Without limitation, this Agreement includes military discharge or service documents, court transcripts, records of any school or professional disciplinary proceedings as well as both a current and any past financial statement as may be requested.

I further agree to file a full and complete certified transcript of my law school record prior to admission.

By execution of this Application I acknowledge that I have studied in their entirety the Indiana Supreme Court Rules of Professional Conduct and the Code of Judicial Conduct and I hereby agree to abide by those standards if I am admitted to practice law. All information set forth in this Application and in all supplemental pages attached thereto is true, complete, accurate, and made without reservation of any kind. The said Application contains a total disclosure of all information requested therein.

I hereby authorize all persons, firms, corporations, institutions, governments, agencies and organizations of any nature or kind to release to the Board of Law Examiners, members of the Character and Fitness Committee of the Supreme Court of Indiana, and to any and all of its agents or representatives, any and all information, files or records, pertaining to this Application; and to furnish any and all documents, records, information of any nature or kind; and to permit the inspection and copying of any such documents, records, or information, including but not limited to medical reports, laboratory reports, clinical reports, or any examination or examinations, consultations or tests. I further authorize any and all persons in any capacity to answer any and all questions in any form that may be submitted to them, and I also authorize any person in any capacity to offer and to give, fully and completely, either oral or written testimony concerning my Application, including information I have furnished to them.

I hereby release and waive any and all rights to said documents, reports, information, consultations and evaluations, and I hereby fully agree that all persons in any capacity may fully disclose said information. I hereby specifically release, acquit and discharge every person in any capacity and all firms, corporations, institutions, governments, agencies and organizations from any and all liability or claims of any nature or kind growing out of any investigation of any nature or kind and the furnishing of any documents, or information, or testimony of any nature or kind to the said Board of Law Examiners and Character and Fitness Committee of the Supreme Court of Indiana and its agents or representatives. I hereby further waive all my rights or privileges to Claim any matter contained in said Application or resulting from an investigation of the undersigned as a confidential communication, and I hereby further waive and specifically release, acquit and discharge the Supreme Court of Indiana and its individual members, the Indiana State Board of Law Examiners and its individual members, and any and all agents and representatives thereof from any and all claims, demands, suits, actions or proceedings for damages or other legal or equitable relief of any nature or kind that I may have as a result of submitting said Application and the resulting investigation, decision and rulings thereon.

I fully understand and agree that this Application is a continuing application and agree that if any matter contained herein shall be changed by an event or incident I will immediately notify the Board of Law Examiners of such change.

(Note: Sign and complete in your own handwriting)

Signature

Dated: This _____ day of

Street address, city, county, state, zip code

20

(_____)_____-

Telephone number

_____, Applicant for Admission to the Bar.

ALL APPLICANTS MUST COMPLY WITH RULE 13

Detach Form C3 from this Application and transmit it to the Dean of your law school. It must be executed by your Dean and transmitted to the Board of Law Examiners at least twenty (20) days before the first day of the bar Examination.

This completed Form C3 should be forwarded to: STATE BOARD OF LAW EXAMINERS
SOUTH TOWER, SUITE 1370
115 WEST WASHINGTON STREET
INDIANAPOLIS IN 46204

NOTE: Admission and Discipline Rule 13 requires that each applicant will have completed in an approved law school two cumulative semester hours of legal ethics or professional responsibility.

The undersigned, _____ of _____
(Dean or Designee) (Law School)

located at _____
(Street) (City) (State) (Zip Code)

hereby certifies that he/she understands Admission and Discipline Rule 13; that the above-named

_____ Applicant received degree on _____ and has completed two cumulative semester hours of legal ethics or professional responsibility. (fill in date)

_____ Applicant is qualified to sit under Admission and Discipline Rule 13, Section 5, (Applicant has fewer than (5) hours to complete and is within (100) days of graduation). Applicant has completed two cumulative semester hours of legal ethics or professional responsibility.

Applicant will receive degree on _____ (fill in date).

(Date) (Signature)

NOTE: Admission and Discipline Rule 15 requires that... "An affidavit of the dean of the applicant's law school, or if the dean is absent or incapacitated, than an affidavit of one of the applicant's law professors to the effect that there is nothing in the school records or personal knowledge of the dean or faculty of such school to indicate that the applicant is not of good moral character or that the applicant is not fit for admission to the practice of law must be filed with the State Board of Law Examiners. The board shall provide forms to the law school for such certification."

STATE OF _____

SS

COUNTY OF _____

_____, being duly sworn upon his/her oath,

deposes and says: that he/she is _____ of _____;
(Dean or Designee) (Law School)

and that there is nothing in the school records or personal knowledge of the dean or faculty of such school to indicate that the applicant is not of good moral character or that the applicant is not fit for admission to the practice of law.

(Signature)

With respect to any inquiries about possible violations of any honor code or code of conduct, was any disposition made of any accusations or charges which is conditioned in any way upon an agreement, practice, or policy to expunge the record of same, to not make a record of it, or to refuse to disclose the information? _____ Yes _____ No

(Signature, Dean or Designee)

Subscribed and sworn to before me this _____ day of _____, 20__

My commission expires: _____
(Seal)

(Notary Public)

If you cannot execute this affidavit, please state your reason on the reverse side.